

**\* Live Scan Electronic Fingerprinting - \$67.75 Fee Required \***

**Criminal History Information Release Form**

Mail Release Form, Fingerprint Cards and Mandatory History Notice to:  <b>Alabama Dept. of Human Resources Office of Criminal History Checks P.O. Box 304000 Montgomery, Alabama 36130-4000 (334) 353-5516</b>	Send Money Order, Cashier's Check or Certified check payable to:  <p align="center"><b>Alabama Department of Human Resources / OCHC</b></p>
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**SECTION 1.**

<i>Type or print legibly</i>		<b>(*) REQUIRED INFORMATION</b>
<b>* Social Security Number:</b>		
<b>First Name:</b>	<b>Middle:</b>	<b>Last:</b>
<b>* All Other Names Used:</b>		<b>Phone #:</b>
<b>* Address:</b>		
<b>* City:</b>	<b>* State:</b>	<b>* Zip Code:</b>
<b>* Date of Birth:</b>	<b>* Race:</b>	<b>* Sex:</b>

**SECTION 1.A.**

	Employment	Home Study	Household Members	License/Approval	Therapeutic Programs	Volunteer Work
<b>Applying For: (Check One)</b>	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Child Placement Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> DHR <input type="checkbox"/> DHR Other <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Health Services <input type="checkbox"/> Home Day Care <input type="checkbox"/> Preventive Services <input type="checkbox"/> Residential Care Agency <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> ICPC <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Day Care Center <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Other	<input type="checkbox"/> Foster Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> Board Member <input type="checkbox"/> DHR <input type="checkbox"/> Internship <input type="checkbox"/> Other

**SECTION 1.B.**

<b>Affidavit For Release of Information</b>		
<p>I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.</p> <p>I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Human Resources to release any and all criminal history information.</p> <p>I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____, 20____.</p> <p align="right"><b>Signature:</b> _____</p> <p><b>*NOTE* This document must be witnessed by two persons <u>or</u> notarized by a Notary Public.</b></p>		
Name of Witness #1  Address of Witness #1  City, State, Zip  _____ Sworn to and subscribed before me on this _____ day of _____, 20____.	Name of Witness #2  Address of Witness #2  City, State, Zip  _____ _____ Signature of Notary Public My commission expires _____, 20____.	<p><b>Fingerprint Technician:</b></p> <p>_____ Fingerprint Card Issued</p> <p>_____ Electronic Transmission To DPS</p> <p>_____ Signature</p> <p>_____ Date</p>

**SECTION 2**

Name of Requesting Agency	DHR Contract # (if available)	Phone Number
Address of Requesting Agency	Date	